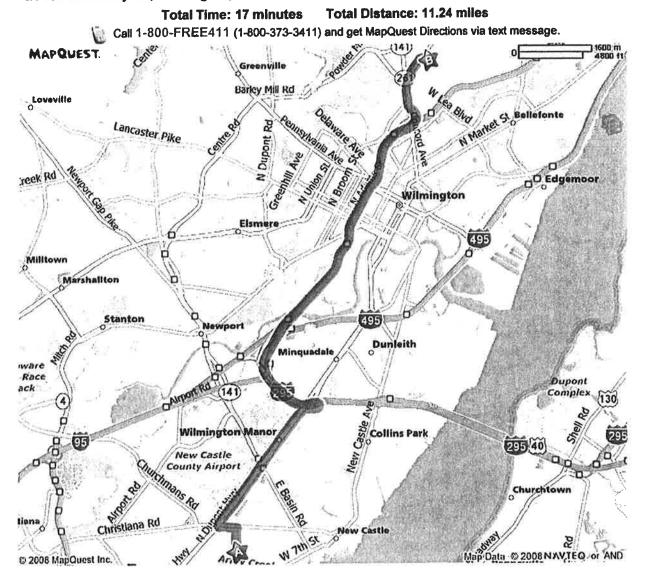
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EXHIBIT 64

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EXHIBIT 65 MEMORY CARD

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Please print out this email and take it with you when you arrive at the hostel. If you need to change or cancel your booking, please contact the hostel directly.

Hostel Information:

Hostel: NS Royal Pensione

Address: Juana Osmeña Street , Cebu City 6000, Philippines

Telephone: +63 32 2545358

Email: reservations@nspensione.com

Website: http://www.hostelbookers.com/hostels/philippines/cebu-city/30683/

Directions:

From the Airport:

By Taxi:

Takes 40 Mins.

Pick up from the airport and drop off to airport is 800 Pesos.

The van can accommodate 2 - 6 people, regardless of number of people, charge will still be the same. - see map

Booking Information:

Booking Ref: 30683-2680699 - paul pavulak

	Date	Room details	People	Cost (USD)	Total (USD)
	Tue 23/12/08	Deluxe Room	2	15.47	30.94
	Wed 24/12/08	Deluxe Room	2	15.47	30.94
	Thu 25/12/08	Deluxe Room	2	15.47	30.94
I	Fri 26/12/08	Deluxe Room	2	15.47	30.94
1	Sat 27/12/08	Deluxe Room	2	15.47	30.94
				Total	USD 154.70
				10% Deposit	USD 15,47
		8		Booking fee	NONE
				Total paid*	USD 15.47
				Balance**	USD 139.23

^{*}The total paid has been charged at today's USD exchange rate by XE com and is non refundable.

Cancellation Policy:

Cancellation Policy is 48 Hours.

Inability to cancel within 48 Hours or No Show will be charged 1 night accommodation.



^{**}Your balance of USD 139.23 is payable on arrival in the local currency at PHP 6750.00

MAPQUEST

270 Quigley Blvd New Castle, DE 19720-4106 John F. Kennedy International Airport (JFK) Jfk International Airport Jamaica, NY 11430 Website | (718) 244-4444

Total Estimated Time: 2 hours 30 minutes Total Estimated Distance: 137.59 miles Total Estimated Fuel Cost: Fuel Cost

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(13)	4: Turn SLIGHT LEFT to stay on N DUPONT HWY/US-13 N/US-301 N/US-40 E.	1.4 mi
9414	6: Take the I-295 N/US-40 E remp toward I-95.	0.2 mi
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:10	7: US-40 E becomes NEW JERSEY TURNPIKE N (Portions toll).	72,1 mi
5	8: Keep RIGHT to take I-95 N/NEW JERSEY TURNPIKE N toward TURNPIKE NORTH/CARS/TRUCKS-BUSES (Portions toll).	25.4 mi
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14	10: Merge onto BELT PKWY E via the exit on the LEFT.	15.8 mi
খ্বা	 Merge onto NASSAU EXPY via EXIT 19 lowerd RT-878/KENNEDY AIRPORT/VAN WYCK EXPWY. 	1,5 mi
77	12: Take the VAN WYCK EXPWY SOUTH exit, EXIT 1S, toward KENNEDY ARPORT.	0.2 m
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5	14; Take the exit toward TERMINAL 1 2 3.	0.1 mi
	15: Take the ramp toward TERMINALS 2 3/PARKING.	0.2 mi
(CHE)	18: End at Jfk International Airport Jarraica, NY 11430	
	Estimated Time: 2 hours 30 minutes Estimated Distance: 137.59 miles	

GOVERNMENT EXHIBIT

Total Estimated Time: 2 hours 30 minutes

Total Estimated Distance: 137.59 miles

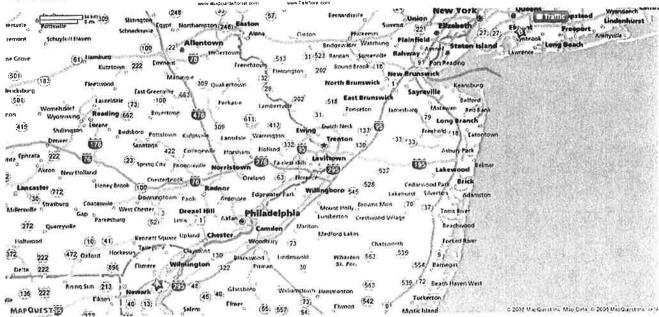
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Faster Free Nights Every 2 Stays = 1 Free Night Al Hyati Hotels Worldwide

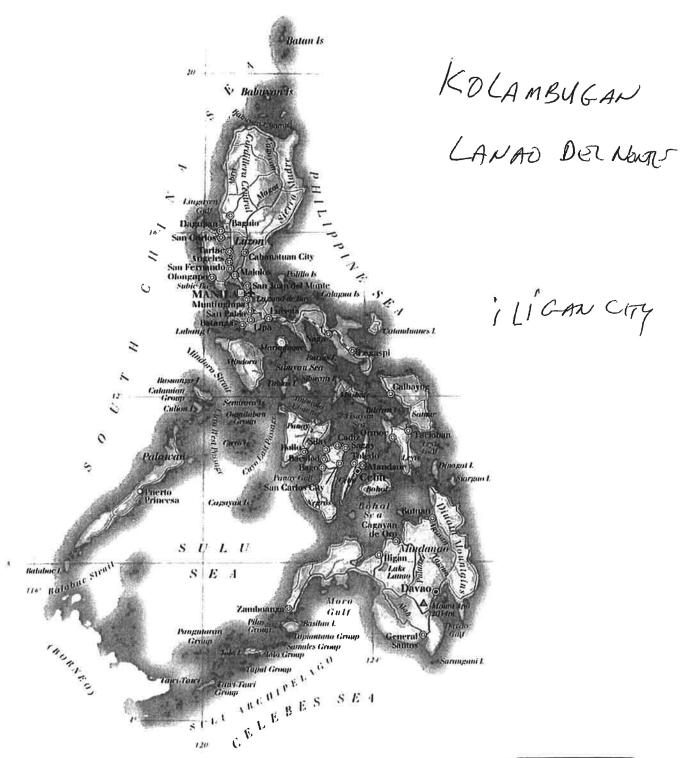
Cheap Hotel Deals Low Rates Guarante Call a Hotel Expert 1-800-449-4167

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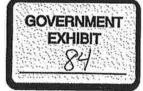




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REQUIREMENTS FOR THE ISSUANCE OF NON-IMMIGRANT VISA FOR TEMPORARY STAY NOT EXCEEDING FIFTY NINE DAYS FOR TOURISM AND BUSINESS PURPOSES

- Submit accomplished visa application (FA Form 2-A) with passport size photo attached. For Taiwan passport and Re-1. entry permit holders, submit two (2) application forms (FA Form No. 2) and two photographs signed on the front left side. If the applicant is not appearing in person before the Consular Officer, each application form must be notarized.
- Passport must be valid for at least six (6) months beyond the proposed stay in the Philippines. 2.
- Proof of financial capacity 3.
 - a. Pleasure photocopy of any of the following: latest bank statement, previous year's income tax return, most recent pay stub and an employment certificate from the employer indicating position and salary or affidavit of support.
 - Business letter from employer or sponsor of the trip indicating its specific purpose or nature, length of stay (inclusive dates), company guarantee or all moral and financial obligations to be incurred by the person while in the Philippines.
- Photocopy of airline and travel itinerary. 4.
- Pleasure visas for Minors (Applicable to children who are not Philippine Passport holders and are under 15 years of age.) 5.
 - Children accompanied by or coming to a parent must comply with requirements (1) to (4), plus photocopy of airline ticket and travel itinerary of the parent.
 - In addition to the visa, children unaccompanied by or not coming to a parent are required to have a Waiver of Exclusion Ground (WEG) issued by the Bureau of Immigration in Manila. A visa is issued even without the WEG upon submission of the other requirements. In this case, the following must be submitted to the Bureau of Immigration at the port of entry in the Philippines:
 - ?? Affidavit of Request, Consent and Guaranty by either parent or legally appointed guardian of the child naming therein the person who will be accompanying the child to the Philippines and with whom the child will reside in the country;
 - ?? Birth Certificate of the child;
 - ?? Photocopy of the data page of the child's passport;
 - ?? Photocopy of passport of accompanying adult or guardian and
 - ?? Fee

WEG application filed at the port of entry requires the applicant to leave the passport with the Bureau of Immigration, which will be released only after the WEG is secured.

- NO VISA REQUIRED FOR BALIKBAYANS AND THEIR ALIEN SPOUSES AND CHILDREN, for tourism 6. purposes for a stay of one year or less in the Philippines. A "Balikbayan" is: a) Filipino citizen who has been continuously out of the Philippines for a period of at least one year; b) Filipino overseas worker or c) former Filipino. However, children under 15 years of age who are unaccompanied by or not coming to a parent are required to have a Waiver of Exclusion Ground (WEG). Please see par. 5 above.
- Nationals of countries which have diplomatic relations with the Philippines are generally allowed entry into the country 7. without visas for a stay of twenty one (21) days or less, provided the nature of the trip is for tourism only and are holders of round trip or onward travel airline ticket. US passport holders are covered under this rule. For non-US passport holders applying for a visa, a copy of the Alien Registration Card or proof of legal residency in the US is required. However, children under 15 years of age who are unaccompanied by or not coming to a parent are required to have a Waiver of Exclusion Ground (WEG). Please see par. 5 above.

The Philippine Consulate General reserves the right to request for additional documents aside from those submitted.

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le entry valid for three (3) months	US \$30.00		
tiple entry valid for six (6) months	60.00		
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Application by mail:

Enclose a self-addressed stamped envelope (preferably certified mail or priority mail). Envelopes with metered stamps will not be accepted. Allow one to two weeks for processing. The Consulate General will not be responsible for any delay or loss of documents in the mail.

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This form may be reproduced and is not for sail

TOURIST VISA EXTENSION FORM BI FORM: MCL - 67 - 62

public of the Philippines spartment of Justice JREAU OF IMAGERATION



appropriate boxes with "X". Indicate "N/A" if not applicable. Do not leave any space blank. all information legibly.

it Visa Extension Form not properly accomplished and notarized will be summarily denied.

of false information by applicant petitioner or his/her duly authorized representative will be a basis for the summery denial of application.

4. Only representatives duly accredited by the Bureau will be allowed to represent applicant / petitioner.

APPLICATION INFORMATION

TYPE OF APPLICATION		391
Visa Extension:		Number of months:
BI ACCREDITATION NUMBER NAME OF AUTHORIZES	D REPRESENTATIVE	
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NAME OF APPLICANT	LAST NAME	
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GOVERNMENT EXHIBIT 85

FA Form 2-A		Note: Please see	TANTEDCE	for requiren	nents
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CONSULATE GENERA					
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United HealthCare Insurance Company



Be sure your supplemental coverage is in place when your Medicare coverage begins. Please Respond By: January 31, 2009

Prepared For: Paul Pavulak

Requested By:

Paul Pavulak 270 Quigley Blvd New Castle DE 19720-4106

distributed and the delimited and the state of the state

Start saving right away with the Early Enrollment Discount – save at least 30% on your Medicare Supplement first-year premium! Plus, take advantage of guaranteed acceptance and a waiver of the Pre-Existing Conditions exclusion.

Dear Paul Pavulak,

Thank you for requesting information on AARP Medicare Supplement Insurance coverage, insured by United HealthCare Insurance Company.

As the nation's leading organization representing people age 50 and older, AARP serves your needs and interests through information and education, advocacy and community services. AARP membership entitles you to a wide range of special benefits and services, including AARP Medicare Supplement Insurance in which millions of members are currently enrolled. Along with the information you requested, you'll find an application to join AARP and enjoy all the exclusive advantages AARP has to offer.

Special Birthday Opportunity: A waiver of the Pre-Existing Conditions exclusion

By enrolling in an AARP Medicare Supplement Plan NOW, by the end of the month in which you turn 65, you'll be eligible for benefits for new covered hospital stays that start — and medical care received — on or after your insurance effective date. That's right — the pre-existing conditions exclusion is waived.

Plus, you can take advantage of these features and special savings today:

- GUARANTEED ACCEPTANCE into any Plan with no health questions.
- TEN-YEAR "EARLY ENROLLMENT DISCOUNT" of 30% the first year of coverage...27% the second year...24% the third year...decreasing 3% every year, for the duration of the ten-year discount period.

Maximize your savings and ensure your coverage is in place at the same time your Medicare coverage begins. Be sure to take advantage of this opportunity while you can.

Enroll Today!

AARP membership has many advantages, including the valuable benefits, money-saving features, and outstanding service you can only get from AARP Medicare Supplement Insurance. Respond by January 31, 2009 for your earliest possible effective date.

Sincerely,

Jay Fleming

Vice President, Member Services

AARP Health Care Options

P.S. Enroll before the end of the month in which you turn 65 so you'll be eligible for benefits for covered hospital stays and medical care due to pre-existing conditions. You'll also receive the Ten-Year "Early Enrollment Discount," and Guaranteed Acceptance with no health questions!

AARP Health is a collection of health related products, services and insurance programs made available by AARP. Neither AARP Health nor AARP are the insurer. AARP contracts with insurers to make coverage available to AARP members. AARP Medical Supply Services is provided by Prescription Solutions, the licensed pharmacy approved to provide Medicare-reimbursed medical supplies. Prescription Solutions is an affiliate of United HealthCare Insurance Company. The AARP Prescription Discount Program and Health Essentials catalog are provided by Walgreens and endorsed by AARP. The AARP Prescription Discount Program is not a licensed pharmacy. Discounts under the AARP Prescription Discount Program are not insurance and are not intended as a substitute for insurance. Discounts associated with the AARP Prescription Discount Program are only available at participating network pharmacies, including Walgreens Mail Service. Discounts cannot be combined with any other discounts, promotions, coupons or vision care plans. Products and services that are reimbursable by Medicare are not available on a discounted or complimentary basis. EyeMed Vision Care (EyeMed) is the network administrator of AARP Vision Discounts. In some states, there are a limited number of eye health providers available. Some Pearle Vision locations are independently owned and operated by franchisecs and do not participate. Eye exams are available by independent Doctors of Optometry at or next to Pearle Vision, Inc. in most states. In California, Pearle Vision, Inc., Sears Optical and Target Optical do not employ Doctors of Optometry and do not provide eye exams. In Puerto Rico, the only available providers are Pearle Vision locations. OptumHealth is the provider of Nurse HealthLine. Nurse HealthLine is for informational purposes only. It cannot diagnose problems or recommend specific treatment. The information provided through the Nurse HealthLine is not a substitute for your doctor's care. All decisions about prescription drugs, vision care, and health and wellness care are between you and your physician or other health care provider. Providers pay a fee to AARP and its affiliate for use of the AARP trademark and other services. Amounts paid are used for the general purposes of AARP and its members. AARP does not make health recommendations for individuals. You are strongly encouraged to evaluate your needs before making decisions that impact your health.

Not connected with or endorsed by the U.S. Government or the Federal Medicare Program. Policy Form No. GRP79171 GPS-1

www.aarphealthcare.com

AARP MEDICARE SUPPLEMENT INSURANCE PLANS
Insured by United HealthCare Insurance Company

ENROLLMENT FORM

AARP Medicare Supplement Insurance Plans

Underwritten by United HealthCare Insurance Company, Fort Washington, PA 19034

Please reply by: 01/31/09 for your coverage to be effective 02/01/09

Paul Pavulak 270 Quigley Blvd New Castle DE 19720-4106

○ 	 Darken circle if you have indicated a name of address change below.
	The plans and rates described in this package are good only for the address indicated.

Instructions

- · Complete all the sections of this form.
- · Please print in all CAPITAL LETTERS.
- Circles must be darkened with Black or Blue INK, as shown below.

EXAMPLE:

Gender

 $\bigcirc M$



- Please be sure to include your AARP
 Membership Application and a check
 or money order for your \$12.50 annual AARP
 Membership dues.
- If return envelope is lost or misplaced, please mail to: AARP Health Care Options, United HealthCare Enrollment Division, P.O. Box 64906, St. Paul, MN 55164-9840.

Call Toll-Free: 1-800-272-2146

TELL US ABOUT YOURSELF	Please fill in the following information as found on your Medicare ID Card:
	MEDICARE HEALTH INSURANCE
Area Code Phone Number	NAME
Birthdate M M D D Y Y Y Y	MEDICARE CLAIM #
Gender OM OF	MEDICAL (PART'B) EFFECTIVE DATE: MM D D Y Y Y Y ARE BOTH MEDICARE PARTS A & B COVERAGE ACTIVE? OYES ONO
E-mail Address (Optional - may be used to	o communicate with you about your account and product offers.)

SELECT THE AARP-ENDORSED PLAN THAT BEST MEETS YOUR NEEDS

I wish to enroll in Plan _____ (indicate plan code)

- You are eligible to enroll if you are an AARP member, age 65 or older, enrolled in Medicare Parts A
 and B and not duplicating Medicare supplement coverage. (You may enroll using this form only if, within
 the last 6 months, you turned age 65 or first enrolled in Medicare Part B at age 65 or older.)
- Your enrollment form must be received by the last day of the month in which you turn age 65 to receive your Special Birthday Opportunity.
- Please refer to the enclosed Cover Page for the monthly cost of the plan you have selected, and submit the "Barly
 Enrollment Discount Rate." Make check or money order payable to: AARP Health Care Options. If you are
 currently insured through AARP Health Care Options, send no money now. You will receive updated payment
 instructions later.



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CONTINUE ON NEXT PAGE

Questions? Call Toll-Free 1-800-272-2146 and talk to an

11/21/08

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3	((CON	TTINUED)
O Yes	0	No	3a) Do you have another Medicare supplement policy in force?
O Yes	0	No	3b) If "yes," do you intend to replace your current Medicare supplement policy with this policy?
O Yes	0	No	4) Have you had coverage under any other health insurance within the past 63 days? (For example, an employer, union, or individual plan.)
			4a) If "yes," with what company and what kind of policy?
Š			4b) What are your dates of coverage under the other policy? (If you are still covered under the other policy, leave "END" blank.) START M M D D Y Y Y Y Y END M M D D Y Y Y Y
O Yes () i	No	4c) Are you replacing the other health insurance indicated in question 4a?
My sig	gnia	ture	below indicates that I have read and understand the contents of this enrollment form.
and and th	e t at	he ba if the	the answers on this enrollment form are complete and true to the best of my knowledge and belief asis for issuing coverage. I understand that the enrollment form becomes a part of the insurance contract answers are incomplete, incorrect or untrue, United HealthCare Insurance Company may have the aid my coverage, adjust my premium, or reduce my benefits.
Any p insura	ers nce	on w	tho, knowingly and with intent to defraud any insurance company or other person, files an application for statement of claim containing any materially false information, or conceals, for the purpose of misleading, oncerning any fact material thereto, commits a fraudulent insurance act when determined competent jurisdiction, and as such may be subject to criminal and civil penalties.
I unde Insura	rst	and t	that the coverage under the plan I am enrolling in will not take effect until issued by United HealthCare npany.
lote: ^r you ar	e s	ignin	ng as the legal representative for the applicant, please enclose a copy of the appropriate legal documentation
X			2 ¹
· · —			YOUR SIGNATURE (REQUIRED)

AARP Membership Benefits and Services

AARP Membership Application on Back

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- 7. Comply with State Laws by filing required Motor Vehicle Accident Report and send a copy to the Home Office.
- 8. DO NOT DISCLOSE YOUR POLICY LIMITS TO ANYONE.
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